

# Pre-Operational Review

Published February 2000

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## **Introduction**

The Florida Department of Juvenile Justice (DJJ) has been required to open a number of large residential commitment facilities for juvenile offenders over the last several years and this trend is expected to continue. In order to assure that these facilities are as effective as possible in achieving the goals of the Department, the entire process for bringing these institutions on line has been reviewed, modified and expanded as needed.

The complete planning process envisioned consists of the following steps with the necessary review and approval at each step:

### **PHASE I - PROGRAM PLANNING**

- Needs Assessment
- Program Description
- Program Design

### **PHASE II - FACILITY PLANNING**

- Draft Floor Plan
- Facility Design
- Construction Documents

### **PHASE III - CONSTRUCTION**

- Construction
- Inspections and Reviews
  - Operations
  - Facility Services
  - Other
- Facility Punch List
- Certificate of Occupancy

### **PHASE IV - OPERATIONS**

- Operational Programming
- Pre-Operational Review
- Letter of Operation
- Post-Operational Review

The entire planning process is circular in nature in that the results of the Post-Operational Review will be conveyed to those individuals involved in subsequent planning efforts. Thus the recommendations and ideas of those involved in each project serve to strengthen future program and facility planning efforts.

The purpose of this document is to outline the Pre-Operational Review, which in turn will lead to issuance of a Letter of Operation. This differs from the Certificate of Occupancy, which deals specifically with the physical plant and answers the question as to whether the "buildings" are ready to be occupied.

The Pre-Operational Review and Letter of Operation go well beyond the physical plant and

speak to whether the program operator has the trained staff, policies, procedures, and supplies and equipment in place sufficient to begin accepting youth into the facility. Issuance of the Letter of Operation will signal the authority to begin sending youth into the facility

Reviewers appointed by DJJ Regional Directors and/or facilities will conduct the Pre-Operational Review. Individuals with expertise in various areas of program and facility operations should be selected for the review. This document is intended to provide a vehicle whereby the reviewers can determine whether or not the facility is ready to receive youth. The site visit should be conducted approximately 30-45 days prior to the anticipated date of facility opening. Reviewers will check their pre-assigned areas of operation and will reconvene to report on their findings.

DJJ has a variety of options at this point. The Department can issue a Letter of Operation indicating the facility is ready to begin operations. DJJ can issue a Conditional Letter of Operations itemizing matters which need to be corrected prior to opening and delaying the projected opening date accordingly. Finally, DJJ can refuse to issue a Letter of Operation and mandate that another Pre-Operational Review be conducted at a subsequent date.

The questions included in this document are intended to provide a comprehensive overview of the operation of any facility. If the facility is to be contracted, reviewers should be provided in advance with copies of the RFP, provider's Proposal and the Contract applicable to the specific facility.

Completion of the checklists in this document should provide the current status of operations and whether or not the facility is "ready" to begin accepting youth. However, no document can cover every conceivable situation or occurrence. Reviewers are encouraged to depart from this document and rely on their experience and knowledge to identify additional standards, which may be critical to the facility's ability to begin providing services to youth.

The Rating System which has been adopted by DJJ for utilizing this document is discussed below. It is noted that written comments are required in any instance other than full compliance.

**C - Compliance:** The institution is in full compliance with the standard. The reviewer may make written comments, but this is not required.

**PC - Partial Compliance:** The reviewer is required to make a written comment, which might include specific information such as:

- Approximate percentage of compliance achieved (i.e., are they in substantial compliance with only minor deficiencies or has the facility just begun implementation, etc.).
- The specific reason or reasons for not being in full compliance: i.e., staff has not been hired or trained, equipment is not in place, policy has not been written, etc.
- The institution's plan of action to achieve compliance.

- The institution's estimated time frame for achieving compliance.
- A written assessment as to what impact this will have on the commencement of the program

**NC - Non-Compliance:** The reviewer is required to make written comments about the non-compliance, which may include specific information on 2 through 5 above:

**NA - Not Applicable:** The standard does not apply (i.e., the standard relates to a feature or characteristic not found at this institution, etc.). This rating also may be used when for some other reason a rating of C, PC, or NC cannot be given (i.e., data not yet complete or verified).

In addition to providing DJJ with information as to whether or not to issue a Letter of Operation, this review serves the purpose of providing facility administrators and other staff with a comprehensive list of items, which will be monitored. Thus this review and the subsequent report could also be utilized as a management tool to assist the various staff and management in preparing for the facility opening, and familiarizing them with DJJ policy and procedure. For this reason the review, along with the accompanying narrative, should be specific as to the contract term or item and DJJ policy being addressed.

### **Mandatory Operational Components**

Certain standards contained in this Pre-Operational Review document are considered to be of critical importance to the operation of any program. It is felt that the program should not be allowed to open and begin receiving youth unless it is in full compliance with these important standards. These standards cover matters involving the health, life and safety of staff and youth. The standards also include matters of basic security. In addition, they include whether or not the program has essential food, supplies, clothing and equipment to begin operations.

These vital standards are considered to be **Mandatory Operational Components** and they are underlined and shown in italics to distinguish them from other standards. This is not intended to diminish the need to be in full compliance with other important standards, but rather to identify key standards, which will by themselves cause a delay in opening of the facility. It should be understood that Partial Compliance or Non-Compliance with a large number of the other standards contained in this Pre-Operational Review document could also result in a delay in opening the program.

## Glossary

The following acronyms and terms used in this manual shall, unless the context indicates otherwise, have the meanings set forth below:

**ACA Standards:** "Standards for Juvenile Training Schools," Third Edition, 1991 and "1998 Standards Supplement" or as the same as modified, amended, or supplemented in the future, published by the American Correctional Association.

**Close Supervision:** The supervision of a youth at ten-minute intervals throughout their stay in their rooms. Visual checks must be made of the youth's condition at intervals not to exceed ten-minutes.

**Constant Supervision:** The continuous and uninterrupted observation of a youth by a staff member who has a clear and unobstructed view of the youth, and unobstructed sound of the youth at all times. This level of supervision is also referred to as "sight and sound" supervision.

**Contract:** The document wherein the provider agrees to provide all the goods, services and obligations as required and set forth in the RFP and as are additionally described in the Contractor's Proposal.

**Controlled Substances:** Drugs that come under the jurisdiction of the Federal Controlled Substance Act. They are divided into five schedules (I through V), and the Drug Enforcement Administration (DEA) has the responsibility of oversight. The term *controlled substance* may also be used to describe any substance or object which a facility superintendent or program administrator has determined to be controlled, due to its potential for abuse or risk in the setting of a DJJ facility.

**DJJ or Department:** Florida Department of Juvenile Justice.

**DSM IV, The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition:** A manual published by the American Psychiatric Association which presents guidelines and diagnostic criteria for various mental disorders, including substance related disorders.

**ESE:** Exceptional Student Education

**ESOL:** English for Speakers of Other Languages

**FEFP:** Florida Educational Finance Program

**F.O.P.:** Facility Operating Procedures

**Facility:** The institution, which is preparing to begin operations.

**GED/HSCT:** General Educational Development/High School Competency Test exit option.

**IEP:** Individual Education Plan.

**Informed Consent:** A bioethical concept, which requires that a patient reasonably knows and understands the dangers, expected benefit, and available alternative to a proposed health care treatment, procedures, or medications.

Also pertains to written permission from the youth, parent, legal guardian or the court to perform a specific test or procedure. The document must be written in a language understood by the intended signee, be dated and signed by the youth, parent, guardian or the court and there must be at least one witness. Included in the document are clear, rational statements that describe the procedure or test, the risk to the youth, the expected benefits, the natural anticipated consequences of not allowing the test or procedure, and the alternative procedures or diagnostic aids that are available. The document should also contain a statement that care will not be withheld if consent is denied. Informed consent is voluntary.

**J.P.O.:** Juvenile Probation Officer.

**On-Site Tracking Log:** A log maintained permanently at each facility, which collectively lists certain categories of care or health care findings (examples include the Sick Call Log, Emergency Care Log, and Tuberculosis Screening Tests and Results Log).

**One-to-One Supervision:** Within the context of this manual, one-to-one supervision refers to the supervision of one youth by one staff member who remains within five feet of the youth at all times. If the youth is in a secure observation room, the staff member assigned to one-to-one supervision of the youth must be stationed at the entrance to the room, no further than five feet from the door. The staff member must maintain constant visual and sound monitoring of the youth and have immediate access to the youth at all times.

**Over-the-Counter Medication (OTC):** Any drug, which normally does not require a physician's prescription to obtain. Examples include the types of medications, which may be purchased over-the-counter in a retail store, such as Tylenol, Motrin, Advil, and the like.

**Precautionary Observation:** The constant supervision of a "suicide risk" youth in designated observation areas of the facility/program, which are safe and secure.

**Program Director:** The individual in charge of the facility who may also be referred to as "Facility Administrator", "Warden", etc.

**Proposal:** The response to the Request for Proposal (RFP) submitted by the provider.

**Provider:** The contractor or vendor selected to operate a facility.

**Psychotropic Medication:** Medications capable of affecting the mind, emotions and behavior that are used to treat mental illness. These medications may reduce the severity and duration of mental disorder.

**RFP:** The Request for Proposal. A solicitation issued by the Department of Juvenile Justice

to elicit provider interest in operating a program.

***Residential Commitment Services Manual:*** The manual issued by the DJJ Bureau of Commitment dated February 1997 or its successor issue.

***Secure Observation Room:*** A safe, empty, protrusion-free, suicide resistant and impact-resistant locked room used when placing youth in secure observation due to acutely aggressive, violent, destructive or suicide risk behavior.

***Subcontractor:*** A firm or an individual who may subcontract portions of the operation of the facility, subject to approval from the Florida Department of Juvenile Justice.

***Unit Management:*** A system that subdivides a program's population into smaller more manageable units in order to facilitate ease of programming and population management.



## General Administration

Name of Facility: Thompson Academy      Reviewer: Jerry Blanton

Date(s) of Review: Initial Review 12/11/03      Follow-up Review Final-3/22/04

References:

Residential Commitment Services Manual:  
Ch. 2, Ch. 3 and Ch. 10

DJJ Policy: DJJ - 6.06 Records  
DJJ - 10.01 Media Access to Clients and Client Information

RFP, Proposal, Contract:

(Mark C for Compliance, PC for Partial Compliance, NC for Non-Compliance or NA for Not Applicable. NOTE: PC and NC require written comments.)

C 1. **The facility has a comprehensive set of Facility Operating Procedures (F.O.P.).**  
**Note: This standard cannot be completed until relevant standards regarding F.O.P.'s in the other sections of this manual are reviewed and the results combined**

*Many relevant areas not in compliance le; unsigned agreements.*

**Agreements signed and other areas now in compliance.3/24/04**

NC 2. Facility Operating Procedures (F.O.P) are consistent with DJJ policies, procedures, applicable laws and contract requirements. See 1

3. There is a written Program Description, which includes the following:

NC A. Mission not **provided at pre-op**

NC B. Philosophy **not provided at pre-op**

PC C. Long-term Goals **quality improvement plan, not long-term goal**  
info **provided**

C D. Treatment Approach

PC E. Desired Outcomes **not specific enough**

NA F. Program Admission Criteria

NA G. Services Delivered

NA H. Service Delivery System

- C 4. The Program Director has designated certain key staff as members of the "Program Management Team."
5. The facility has a complete and up-to-date Organizational Chart, which reflects span of control and lines of authority. **Expanded chart due 1/4/04**
6. A procedure has been published establishing a system for records management which addresses all records maintained by the program including, but not limited to, administrative files, personnel records, fiscal and accounting records, property inventories and records pertaining to youth. **Combine 2.01 and 8.20 into a P/P**
- PC 7. The records management F.O.P. requires that the DJJ Records Retention Schedule is to be followed. **Policy does not note retention schedule**
- NC 8. A procedure has been established to assure that release of client information follows Florida law and DJJ policy. **Policy provided does not apply to 8**
- C 9. A procedure has been published requiring a monthly review of Youth Case Records by the Program Director or designee to assure that appropriate and accurate information is being entered.
- C 10. There is a written grievance procedure for youth, which includes at least one level of appeal.
- NC 11. An F.O.P. outlines the internal monitoring system, which will be implemented at the facility to review all areas of operation. **Not noted in FOP**
- C 12. A Community Support Group consisting of interested community leaders has been formed.

## Personnel

Name of Facility: T. Academy

Reviewer: Courtney Davis

Date(s) of Review: Initial Review 12/11/03

Follow-up Review \_\_\_\_\_

References:

Residential Commitment Services Manual:  
Ch. 3, Section IV, A

DJJ Policy: Statewide Procedures on Background Screening  
DJJ 3.17 - Utilization of Volunteers and Interns  
DJJ 4.07 - Pre-Employment Drug Testing  
DJJ 4.08 - Reasonable Suspicion Drug Testing

Providers Handbook: Ch. 14

RFP, Proposal, Contract:

(Mark C for Compliance, PC for Partial Compliance, NC for Non-Compliance or NA for Not Applicable. NOTE: PC and NC require written comments.)

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PC 1. There is a Facility Operating Procedure (F.O.P.), which correctly outlines procedures for conducting background screenings. **Not all policies are signed; some policies in draft form**

C 2. **Preliminary background screenings on all current staff and volunteers have been completed.**

C 3. Facility procedure requires pre-employment drug testing of selected applicants for designated positions in accordance with DJJ policy.

NC 4. Pre-employment drug testing of current staff was conducted in accordance with policy. **No supporting documentation provided**

NC 5. There is a complete, accurate and up-to-date personnel file for each individual employee. **No documentation provided**

C 6. Written job descriptions are available for each staff position, which specify qualifications, job duties, and performance standards.

C 7. All staff employed meet or exceed the qualifications for the position.  
Note Exceptions: \_\_\_\_\_

NA 8. For employees who require certification or licensure, these credentials are

verifiable and up to date, and copies are on file in the personnel jacket.

Note Exceptions: \_\_\_\_\_

- PC 9. All staff positions required by the contract have been filled according to the agreed upon phase-in schedule. **All positions noted are not yet filled**

Department	Positions Required by Contract	Positions Filled as of <u>12/11/03</u> Date
Administration	5	3
Case Management	6 (?)	0
Mental Health	(?)	0
Medical	3.5	0
Supervisors	4.5	0
Direct Care	47	0
Recreation	1	0
Maintenance	2	0

- C 10. **A staff work schedule is maintained which insures adequate staff coverage on each shift consistent with the staff-to-youth ratios established in the contract.**

- PC 11. A holdover or overtime rotation roster and a list of employees' home telephone numbers is maintained so that additional staff may be obtained to maintain coverage. **No DC staff at the moment, therefore no phone numbers exist.**

- C 12. All staff have been oriented on how to report accidents or injuries.

- C 13. A procedure has been published establishing a "reasonable suspicion" drug testing program in accordance with DJJ policy.

- C 14. A procedure provides for written performance evaluations of all staff at least annually.

- C 15. A written dress code procedure for staff, which promotes professionalism, safety and positive role modeling for youth has been published and is enforced.

## Staff Development and Training

Name of Facility: T. Academy

Reviewer: Courtney Davis

Date(s) of Review: Initial Review 12/11/03

Follow-up Review \_\_\_\_\_

### References:

Residential Commitment Services Manual:

Ch. 3, Section IV, A

Ch. 4, Section VI, E

Ch. 5

DJJ Policy: DJJ 8.03 - Use of Force

Providers Handbook: Ch. 12

RFP, Proposal, Contract:

(Mark C for Compliance, PC for Partial Compliance, NC for Non-Compliance or NA for Not Applicable. NOTE: PC and NC require written comments.)

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1. An Annual Training Plan has been published, which address as a minimum:

- \_C\_ A. Use of Force Training
- \_C\_ B. CPR and First Aid
- \_C\_ C. Fire, riot and other emergency situations
- \_C\_ D. Orientation training
- \_C\_ E. Basic training
- \_C\_ F. In-service training

\_PC\_ 2. All staff have received a program orientation within the first fourteen (14) calendar days of employment covering subjects required by DJJ policy. **No documentation provided**

\_\_\_\_\_ 3. Staff have signed and dated statements certifying that this orientation training has been received. **Same as 2**

PC 4. All supervisory and direct care staff have attended and successfully completed a basic training course as mandated by DJJ within allowable time frames. **Policy/procedure ok, however no staff on board**

Note Exceptions: \_\_\_\_\_  
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C 5. A certified "Use of Force/PAR" trainer is on staff or available.

PC 6. Personnel whose duties include the security, care, supervision, control, and movement of youth are scheduled to receive the DJJ 40-hour "Use of Force" training program within allowable timelines.

Note: List position titles and number of staff trained: **See 4**

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PC 7. Staff who are authorized to apply mechanical restraints are scheduled to be given initial training on this within 15 days of such designation. **See 4**

PC 8. Staff are trained on the implementation of the institution's "Behavior Management System." **See 4**

PC 9. A training file has been established for each staff person and volunteer. **No files established**

C 10. Space has been identified which is adequate for conducting training.

NC 11. Training aids, equipment and materials necessary for conducting training are available. **No training aids etc. on site per YSI trainer.**

PC 12. A Training Schedule has been published and is being followed. **Not provided at pre-op**

C 13. Instructors have been identified.

NC 14. Lesson plans have been prepared and approved. **No info provided at pre-op**



## Fiscal and Property

Name of Facility: T. Academy

Reviewer: Dennis Yeskey

Date(s) of Review: Initial Review 12/11/03

Follow-up Review \_\_\_\_\_

### References:

Residential Commitment Services Manual:  
Ch. 3, Section IV, H, J

Florida Statutes: Sections 985.4041 and 985.4042

RFP, Proposal, Contract:

(Mark C for Compliance, PC for Partial Compliance, NC for Non-Compliance or NA for Not Applicable. NOTE: PC and NC require written comments.)

C 1. The facility has a written budget, which has been approved by the program governing body and which includes anticipated revenues and expenditures.

C 2. A system is in place to track encumbrances and expenditures against revenues and submit budget revisions to the program governing body for approval.

C 3. A Juvenile Welfare Trust Fund account has been established at a local financial institution to receive proceeds from canteens, vending machines, telephone commissions, etc. as specified by law (see FS Section 985.4041).

C 4. A Juvenile Care and Maintenance Trust Fund account has been established at a local financial institution to hold funds received for personal use of juveniles in custody as specified by law (see FS Section 985.4042).

5. Internal fiscal control systems are established to address as a minimum the following areas:

C A. Signature control on checks

C B. Petty cash

C C. Youth trust funds

C D. Youth welfare funds

C 6. A system is in place to inventory, control, and account for property.

PC 7. A spot check of the property inventory indicates that it is accurate.



Note Exceptions: **PSI and YSI will review together and advise DJJ of discrepancies.**

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  C   8.     A system is in place for requisitioning supplies and equipment.

  C   9.     Adequate storage space is available to store the amounts of supplies and equipment necessary to operate the facility.

Note Exceptions: 

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  C   10.    **Adequate supplies and equipment are in inventory so as to insure that the facility can begin operations.**

Note Exceptions: **There are No supplies. On verification-2/24/04, there were supplies.**

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C   11. All required furniture is in place.

Note Exceptions: \_\_\_\_\_  
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  C   12. A properly equipped transfer vehicle is available and is in good operating condition.

  C   13. An F.O.P. provides that an independent financial audit is conducted at least annually.

 NC  14. All subcontracts have been submitted to DJJ for review and approval.

List subcontracts: **No contracts provided at pre-op**\_\_\_\_\_

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## Case Management and Classification

Name of Facility: T. Academy

Reviewer: Courtney Davis

Date(s) of Review: Initial Review 12/11/03

Follow-up Review \_\_\_\_\_

### References:

Residential Commitment Services Manual:

Ch. 3, Section IV

Ch. 4, Section VIII

Ch. 7

RFP, Proposal, Contract:

(Mark C for Compliance, PC for Partial Compliance, NC for Non-Compliance or NA for Not Applicable. NOTE: PC and NC require written comments.)

C 1. The facility has an F.O.P. which outlines a method for monitoring and managing the bed capacity of the facility and the length of stay of youth.

C 2. There is procedure for notifying the Program Director when individual youth's length of stay exceeds that designated for the program or as specified in the contract.

C 3. A written Treatment Services Delivery System outlines how services are rendered to youth and how youth access needed services.

C 4. A Program Director who is responsible for overseeing the program's case management process is designated in writing.

PC 5. Case Managers are qualified and trained sufficiently to perform required duties. **People identified for hire. No one on board as of pre-op**

PC 6. Facility staff are trained to update the Juvenile Justice Information System to reflect pertinent events. **Same as 5**

C 7. The facility has developed a Classification System designed to assist in identifying special needs and risk factors associated with each youth, which in turn guides decisions relative to the youth's assignment to living areas and groups.

8. The Classification System includes consideration of the following factors:

C A. The youth's physical characteristics

C B. Level of maturity

C C. Seriousness of offense

- C   D. Prior delinquent history and gang affiliation
- C   E. Level of aggressiveness upon admission
- C   F. Past assaultive behavior, sexual misconduct or emotional disturbance
- C   G. Other perceived risks such as medical, suicide, escape, etc.
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- C   9. If the facility has 100 or more beds, the Unit Management concept is utilized to break the population into smaller, more manageable groups.
10. A "treatment team approach" is established by procedure, which outlines the following:
- C   A. Team membership
- C   B. Roles
- C   C. Needs assessments
- C   D. Development of performance plans
- C   E. Progress reviews
- C   F. Transition planning
- C   11. The Program Director has designated treatment team leaders and members in writing.
- C   12. Procedure requires that all existing information regarding the youth and his family is reviewed and updated information is obtained as the basis for the "Needs Assessment".
- C   13. Procedure requires that "Performance Plans" stipulate measurable goals and be based upon the identified and prioritized needs of the youth.
- C   14. A procedure is in place to assure that "Progress Reviews" are completed on schedule.
- C   15. Procedure outlines a schedule for completing and distributing "Performance Summaries".
- NA   16. Folders and forms are on hand for creating and/or maintaining "Individual Management Records" on youth as specified by DJJ policy.
- C   17. A locked file cabinet marked "Confidential" is available for securing "Individual

Management Records".

  C   18. Procedures have been established to assure the timely transfer of youth case records in the event of release, transfer, or discharge of the youth.

## Admission and Orientation

Name of Facility: T. Academy

Reviewer: Ephrim Ramsay

Date(s) of Review: Initial Review 12/11/03

Follow-up Review \_\_\_\_\_

References:

Residential Commitment Services Manual:  
Ch. 6

DJJ Policy: DJJ 8.07 - Youth Dress and Hygiene

RFP, Proposal, Contract:

(Mark C for Compliance, PC for Partial Compliance, NC for Non-Compliance or NA for Not Applicable. NOTE: PC and NC require written comments.)

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1. Procedures are in place and staff have been trained to perform the following admission and intake functions:

C A. Inventory, storage and disposition of personal property

C B. Body search and shower

C C. Issuance of standard clothing

C D. Inspection of the Commitment Packet (utilize "Commitment Packet Checklist")

C E. Actions to take if documents are missing

C 2. Procedures have been adopted to assure that required notifications are made to the Judge and Juvenile Probation Officer.

C 3. Procedures are established to assure that parents or guardians are notified of the youth's admission by phone within 24 hours and by personal letter within 48 hours.

C 4. Procedures are in place to assure that a facility entry Physical Health Screening utilizing the standard DJJ form is completed immediately upon a youth's admission.

C 5. Procedures are in place to secure and/or mail home inappropriate personal clothing or personal items.

C 6. Procedures have been adopted for the management of medications, which are

brought into the facility with a youth.

  C   7. Staff have been trained to fill out an "Admission Card" on each newly admitted youth.

  C   8. Equipment and supplies are available to take current photographs of youth if necessary.

9. An Orientation program for newly admitted youth has been prepared, which includes the following:

  C   A. Services provided by the program

  C   B. Performance plan and goals

  C   C. Expectations and program rules

  C   D. Access to medical and mental health care

  C   E. Contraband items and materials

  C   F. Behavior management system

  C   G. Disciplinary actions

  C   H. Daily activity schedule

  C   I. Youth dress code and hygiene practices

  C   J. Release criteria

  C   K. Eligibility criteria for off-campus activities

  C   L. Youth grievance procedure

  C   M. Disaster preparedness instructions (fire drill and building evacuation)

  C   N. Facility layout (accessible and non-accessible areas)

  C   O. Room assignment

  C   P. Introduction to staff and youth

  C   10. A form has been prepared to document the date each orientation topic was presented along with signatures of the youth and staff involved.

## Clothing, Laundry and Issue Items

Name of Facility: T. Academy

Reviewer: Jerry Blanton

Date(s) of Review: Initial Review 12/11/03

Follow-up Review \_\_\_\_\_

### References:

Residential Commitment Services Manual:

Ch. 6, Section V

Ch. 8

DJJ Policy: DJJ 8.07 - Youth Dress and Hygiene

RFP, Proposal, Contract:

(Mark C for Compliance, PC for Partial Compliance, NC for Non-Compliance or NA for Not Applicable. NOTE: PC and NC require written comments.)

C 1. The facility has published a Dress Code, which is consistent with DJJ Youth Dress and Hygiene policy.

PC 2. An F.O.P. lists the type and amount of clothing items including shoes, bedding and hygiene items that will be issued by the facility to each youth. **Clothing items not identified in policy**

NC 3. The institutional store of clothing and shoes reflects a sufficient supply of various sizes so as to allow for initial issue and replacement of items as required.

**No supplies as of pre-op**

Note exceptions:

_____	_____
_____	_____
_____	_____
_____	_____

NC 4. The institutional store of bedding and hygiene items reflects a sufficient supply of various items so as to allow for issue and reissue as needed.

**See 3**

Note exceptions:

_____	_____
_____	_____
_____	_____
_____	_____



\_C\_ 5. Clothing is climate appropriate and is adequate to provide protection from the weather.

\_NC\_ 6. Laundry facilities and equipment are available to assure that youth may be provided with three complete sets of clothing per week. **No reflection of such in policy**

\_C\_ 7. Procedures allow for the exchange of linen at least weekly.

\_NC\_ 8. Each youth is provided with a laundry bag and clothing can be labeled for easy identification. **No mention of laundry bags in policy**

## Security

Name of Facility: \_Thompson Academy\_\_\_\_\_ Reviewer: Diane Feldman

Date(s) of Review: Initial Review 12/11/03 \_\_\_\_\_ Follow-up Review \_\_\_\_\_

References:

Residential Commitment Services Manual:

Ch. 3, Section IV, C, D

Ch. 4

DJJ Policy: Statewide Procedure for Reporting of Incidents

DJJ 8.03 - Use of Force

DJJ 8.04 - Responsibility to Report Knowledge of Criminal  
Activity

DJJ 8.08 - Off-Campus Activities

DJJ 8.09 - Juvenile Criminal Street Gangs

DJJ 11.01 - Allegations of Juvenile Offender Abuse

DJJ 12.02 - State Attorney Notification of Escapes

DJJ 13.02 - Law Enforcement Access to Juveniles

Providers Handbook: Ch. 14

RFP, Proposal, Contract:

(Mark C for Compliance, PC for Partial Compliance, NC for Non-Compliance or NA for Not Applicable. NOTE: PC and NC require written comments.)

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### Security Administration

\_PC\_ 1. **A Program Security Coordinator who has lead responsibility on security matters has been appointed in writing.**

A letter is available targeting a staff who is coming on board. Suggest that the position be put in policy i.e. FDJJ Tool Control policy & QA indicator now requires that a safety/security coordinator be appointed in writing.

\_C\_ 2. There is a procedure for a Daily Population Count report to be completed and maintained on file which includes the total census as of 12:01 AM, new admissions, releases or discharges, transfers and temporary absences.

\_C\_ 3. An F.O.P. requires maintenance of a shift log system following guidelines outlined in the Residential Commitment Services Manual, Ch. 4, Section V.

\_NC\_ 4. Inspection of the Facility Daily Logs indicates that these logs are on hand and properly set up.

\_NC\_ 5. The facility has published a Law Enforcement Access to Juveniles plan in accordance with DJJ Policy 13.02.  
There is no documentation to support an agreement w/ LEO.

\_PC\_ 6. **A Security/Safety Alert system has been designed for identifying youth requiring additional custody or staff supervision.**  
Admission Classification policy lacks detail & specificity.

\_NC\_ 7. **The Security/Safety Alert is maintained in a location where it is readily available to staff.**  
Because it's not spelled out in policy, it is unknown if the site will be the same as the one used currently.

\_NC\_ 8. A procedure has been adopted for handling, tagging and storing criminal evidence as well as contraband.  
9.10 does not address above.

### **Emergency Preparedness**

9. A detailed Emergency-Disaster Plan has been published which covers the following situations:

\_PC\_ A. **Escape**  
Plan lacks extensive prevention and ongoing recapture efforts. No signature line for Regional Director. Plan needs to be consistent with DJJ Regional procedure.

\_PC\_ B. **Natural and man-made disasters**  
Plan does not include evacuation sites, the ability to continue operations for an extended period per COOP, nor a Regional Directors signature line for approval.

\_PC\_ C. **Youth riots**  
Plan does not address medium level disturbances...."B" incident which is not an immediate report. No signature line for Regional Director.

\_C\_ 10. **An Emergency-Disaster Plan Coordinator responsible for implementation of this plan has been appointed in writing.**  
Although a letter to the specified employee is available, it should be placed in policy.

\_C\_ 11. **The plan addresses the subject of maintaining security during emergencies or disasters.**

\_NC\_ 12. **A protocol has been established with local law enforcement agencies for rendering assistance in emergency situations.**

No protocol is available.

**13. The Escape Plan includes requirements and time frames for notifying the following:**

\_C\_      **A. Program Director or designee**

\_C\_      **B. Law enforcement**

\_C\_      **C. State Attorney**

\_C\_      **D. Parents or guardians**

\_C\_      **E. District Juvenile Justice Manager/Regional Chief**

\_C\_      **F. Juvenile Probation Officer**

\_C\_      **G. Inspector General**

\_NC\_      **14. A current list of emergency telephone numbers is maintained in the Main Control Room or duty office.**

\_NC\_      **15. A current list of program administrative staff telephone numbers is maintained in the Main Control Room or duty office.**

No list available nor does 9.01 (referred to in pre-op doc), address administrative tel #'s

**Security Systems**

\_C\_      **16. A Facility Operating Procedure (F.O.P.) has been published which establishes a system for physically counting youth and accounting for their whereabouts at the beginning of each shift, before and after movement of youth, after outdoor activities, and during emergency situations.**

**17. An F.O.P. has been published mandating regular visual and manual inspections of the following security systems and timely repair of such as needed.**

\_NA\_      **A. Fences and Gates**

\_NA\_      **B. Security Vestibules**

\_PC\_      **C. Doors and Locks**

9.06 does not address timely repair or does is there a checklist attached

\_PC\_      **D. Windows**

9.06 does not address timely repair or does is there a checklist attached

\_PC\_      **E. Metal detectors**

9.06 does not address timely repair or does is there a checklist attached

\_PC\_ F. Perimeter and interior lights  
No checklist attached

\_PC\_ G. Electronic detection systems  
No checklist attached

\_NA\_ H. Closed circuit televisions (CCTV) cameras, monitors and VCRs

\_C\_ I. Emergency generator

\_PC\_ J. Communications systems (intercom, phone, radio)  
9.06 does not address timely repair or does is there a checklist attached

\_PC\_ K. Restraining devices  
9.06 does not address timely repair or does is there a checklist attached

\_NA\_ 18. Inspection of the above listed security systems indicates that all systems are operating correctly.

Note Exceptions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_C\_ 19. There is an established key control system that addresses the inventory, storage, control and access to keys.

\_PC\_ 20. Review of the key control system indicates the system is fully operational.

\_PC\_ 21. Procedure has been published establishing a tool control system which provides for tool classification and marking and storage and security of tools when issued to staff or youth.

Policy isn't consistent with FDJJ 8540: including cleaning tools in "B" tools, inspections etc....

\_NA\_ 22. Review of the tool control system indicates the system is fully operational.

\_C\_ 23. The Master Control Room is fully operational and all systems function as designed.

## **Contraband Control and Searches**

\_NC\_ 24. A protocol has been established with local law enforcement agencies for handling illegal contraband.

25. An F.O.P. has been published on contraband which includes the following:

\_NC\_ A. Identification of contraband items  
Procedure should include items that are allowed in offenders rooms. Would suggest that facility develop a procedure for the dispersion of hygiene products.

\_NC\_ B. Dissemination of information to youth on what constitutes contraband

\_NC\_ C. Written notice of items confiscated

\_NC\_ D. Disposition of contraband, which is not illegal

26. A procedure has been published which authorizes staff to conduct searches and includes the following:

\_C\_ A. Conditions under which searches are conducted

\_C\_ B. Frequency of searches

\_C\_ C. Types of searches

\_C\_ D. Where searches may be conducted

\_C\_ E. Who is authorized to conduct strip searches

\_C\_ F. Procedure regarding "same sex" searches

\_C\_ G. Prohibition against conducting "Cavity Searches" by other than medical personnel in an emergency room setting.

\_C\_ 27. Procedures have been established regarding the search of mail and packages, both incoming and outgoing, which conforms to DJJ policy.

## **Incident Reporting**

\_NC\_ 28. All staff have been advised of their affirmative responsibility to report any and all knowledge of the commission or the future intent to commit a criminal act.  
Not in 1.10.

\_C\_ 29. **Procedure requires the reporting of unusual incidents consistent with the DJJ Statewide Procedure for Reporting of Incidents.**

Although procedure is OK, it refers to old DJJ policy from 1995 instead of 1998.

\_\_C\_\_ 30. Procedure requires the reporting of the use of force or mechanical restraints as outlined in the DJJ Use of Force and Mechanical Restraints policy.

\_\_C\_\_ 31. A supply of "Use of Force and Mechanical Restraints Report" forms are on hand.

\_\_C\_\_ 32. **An F.O.P. mandates that any known or suspected child abuse shall be immediately reported to the Department of Children and Families Abuse Hotline.**

\_\_C\_\_ 33. **The Children and Families Hotline phone number is posted in youth housing areas as required.**

### **Criminal Street Gangs**

\_PC\_ 34. Procedure has been published on the subject of Gang Awareness and Intervention Strategies.  
Intervention strategies not in procedure

\_\_C\_\_ 35. A procedure is in place to assess each youth admitted to the program for affiliation with criminal street gangs.

\_NC\_ 36. Facility procedure includes strategies for educating youth on the negative consequences of gang membership.

37. The facility has adopted rules and consequences for youth who:

\_NC\_ A. Use or exhibit criminal street gang symbols, including the wearing of criminal street gang colors, insignia, attire or graffiti;

\_NC\_ B. Acquire tattoos; whether permanent or temporary;

\_NC\_ C. Use criminal street gang slang;

\_NC\_ D. Use hand signals, also known as "flashing", or

\_NC\_ E. Exhibit other behaviors or activities connected with criminal street gangs.

### **Use of Force and Mechanical Restraints**

38. An F.O.P. has been published addressing the subject of Use of Force, which contains as a minimum the following:

\_C\_ A. Circumstances when force may be used

- \_C\_ B. Prior authorization
- \_C\_ C. DJJ approved staff training
- \_C\_ D. Levels of force
- \_C\_ 39. The procedure addresses the use of mechanical restraints to control youth.
- \_C\_ 40. The procedure requires visual supervision of any youth who is in restraints.
- \_C\_ 41. Approved mechanical restraining devices are maintained in a secure location.
- \_C\_ 42. The procedure includes time limits for maintaining a youth in restraints and the appropriate reviews by Health Services.
- \_C\_ 43. The procedure prohibits securing a youth to fixed objects.
- \_NC\_ 44. Staff who have passed the DJJ "Use of Force" training are assigned to each shift.  
Training not addressed in policy nor is there a list of staff/positions planned for to operate and be assigned to assigned to shifts

### **Transportation**

- \_C\_ 45. An F.O.P. has been published outlining procedures for transporting youth to receive health treatment, to court, or for other authorized purposes.
- \_C\_ 46. Transport vehicles are available and operable.
- \_C\_ 47. Procedure mandates that youth and staff wear seat belts.
- \_C\_ 48. Procedure prohibits youth from being left unsupervised in a vehicle.
- \_C\_ 49. A secure lock box is available for storage of vehicle keys when not in use.



## Discipline and Behavior Management System

Name of Facility: T. Academy

Reviewer: Ephrim Ramsay

Date(s) of Review: Initial Review 12/11/03

Follow-up Review \_\_\_\_\_

References:

Residential Commitment Services Manual:  
Ch. 8

RFP, Proposal, Contract:

(Mark C for Compliance, PC for Partial Compliance, NC for Non-Compliance or NA for Not Applicable. NOTE: PC and NC require written comments.)

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- C 1. The facility has developed a written Daily Activity Schedule for youth.
- C 2. Facility operating procedures provide that youth participate in work programs including daily housekeeping chores as well as intensive work projects.
- C 3. The facility has developed a Behavior Management System which clearly describes in writing the levels, youth rankings and token economies or privileges.
- C 4. Procedure prohibits group punishment and requires that application of consequences or sanctions be done on an individual basis.
- C 5. Procedure states that youth will not be denied regular meals, clothing, sleep, physical or mental health care services, school, exercise, correspondence privileges or contact with parents or guardian, attorney of record, the J.P.O., or clergy as part of the Behavior Management System.
- C 6. Procedure prohibits youth from imposing sanctions on other youth.
7. If the facility intends to utilize "room restriction," written guidelines have been adopted which include the following: **7 A, B & C- policy submitted does not address room restriction**
- NC A. Is not used for a youth who is out of control or a suicide risk
- NC B. Prior approval by a supervisor
- NC C. Door must be left open
- C D. Counseling on admission and every 30 minutes thereafter

\_C\_ E. Shall not exceed four hours

\_C\_ F. Documentation as required by DJJ

\_C\_ 8. Facility procedure states that youth only may be placed in "disciplinary confinement" for one or more serious behavioral problems as specified by DJJ.

\_C\_ 9. Procedure outlines the maximum number of hours a youth may remain in disciplinary confinement for specified offenses.

10. Disciplinary confinement procedures are established in accordance with DJJ policy regarding the following:

\_NA\_ A. Supervisory approval

\_NA\_ B. Health status check **There is no disciplinary confinement**

\_NA\_ C. Alert system

\_NA\_ D. Searches

\_NA\_ E. Disciplinary confinement room specifications

NA\_ F. Use of force and mechanical restraints

NA\_ G. Provision of services

11. Procedure requires that the following reports and time frames are adhered to:

\_NA\_ A. Confinement report

\_NA\_ B. Observation every 15 minutes

**There is no disciplinary confinement**

\_NA\_ C. Hourly assessments

NA\_ D. Eight hour review

\_NA\_ E. Twenty-four (24) hour review

\_NA\_ F. Release

\_NA\_ 12. The Program Director has appointed an Administrative Review Team consisting of at least three members.

NA\_ 13. A supply of forms and log books necessary to perform the disciplinary function is on hand.

\_NA\_ 14. If the facility intends to implement a Behavior Management Unit, a Facility

Operating Procedure has been issued specifying the conditions for use of this unit as authorized by DJJ policy.

\_NA\_ 15. The area identified for the Behavior Management Unit meets design specifications as outlined by DJJ.

\_NA\_ 16. The necessary forms and log books are on hand to implement the Behavior Management Unit.

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## Educational and Vocational Programs

(This section was designed to be utilized with provider operated educational programs.)

Name of Facility: T. Academy

Reviewer: Jerry Blanton

Date(s) of Review: Initial Review 12/11/03

Follow-up Review \_\_\_\_\_

### References:

Residential Commitment Services Manual:  
Ch. 9, Section IV

Education Standards for Long-Term Juvenile Justice Commitment Program,  
Florida Department of Education, 1999.

Florida Statutes: Sections 228.041(43), 230.23161(14), 235.1975, 985.313,  
985.315, 985.404, 985.317

RFP, Proposal, Contract:

(Mark C for Compliance, PC for Partial Compliance, NC for Non-Compliance or  
NA for Not Applicable. NOTE: PC and NC require written comments.)

C 1. *There is a valid cooperative agreement or contract between the provider and the school district.*

Note Status: \_\_\_\_\_ *There is no signed agreement as of this pre-op date. Contract in place; Awaiting outcome of school board meeting on 2/17/04*

\_\_\_\_\_ 2. The agreement/contract has been submitted to DJJ for review and approval.

\_\_\_\_\_ 3. The agreement/contract includes the minimum items enumerated in Section 230.23161(14), F.S.

\_\_\_\_\_ 4. There is a system in place to request student records and to document follow-up.

\_\_\_\_\_ 5. There is an assessment tool for the identification of reading and writing and mathematics performance/level.

\_\_\_\_\_ 6. There is an assessment tool to determine vocational aptitude and/or career interest.

- \_\_\_\_\_ 7. The program plan or procedure calls for the administration of the academic and vocational assessments between 5 and 10 days after student entry into the facility.
- \_\_\_\_\_ 8. The program plan or procedure requires youth to be placed in courses based upon available past transcripts and initial assessments.
- \_\_\_\_\_ 9. There is a schedule for developing individual plans (IEP) for non-ESE students within 15 days of student entry.
- \_\_\_\_\_ 10. The format for the IEP requires specific long term goals and short term objectives with an accompanying schedule.
- \_\_\_\_\_ 11. There is a procedure requiring guidance services that include information on course credits, career and vocational opportunities and the GED and GED/HSCT exit options.
- \_\_\_\_\_ 12. There is a plan for providing individualized instruction that may include individual tutoring, computer assisted instruction, auditory and/or visual learning techniques.
- \_\_\_\_\_ 13. There is a provision for student support services that includes;
  - \_\_\_\_\_ A. ESE services
  - \_\_\_\_\_ B. ESOL services
  - \_\_\_\_\_ C. Educational, psychological and mental health services
- \_\_\_\_\_ 14. Other educational support activities are provided according to F.S. 985.404, such as tutoring and library support.

\_\_\_\_\_ **C 15. There is an adequate number of qualified instructional personnel according to the phase-in schedule of youth admissions.**

- \_\_\_\_\_ 16. Instructional personnel have state teaching certificates or statements of eligibility or the program has school board approval for use of non-certified personnel.
- \_\_\_\_\_ 17. In-service training has been held or is scheduled related to working with adjudicated youth.
- \_\_\_\_\_ 18. There are vocational courses that provide skills necessary to obtain employment after release.
- \_\_\_\_\_ 19. The vocational program utilizes an approved curriculum.

\_\_\_\_ 20. Employability skills, career awareness, literacy skills, and social skills are provided as separate courses or integrated into other course offerings.

\_\_\_\_ 21. Work programs are encouraged for youth as part of an approved vocational or training program or related to housekeeping or maintenance of the facility or grounds.

C 22. ***The proposed class schedule shows a minimum of 300 minutes of instruction daily or a weekly aggregate thereof.***

C 23. ***There is an annual school calendar that includes state and district testing dates, special activities, etc., and consists of 250 days of instruction, ten of which may be used for teacher planning, distributed over 12 months as required by Section 228.041(43) F.S.***

\_\_\_\_ 24. There is adequate classroom space for the projected number of youth.

\_\_\_\_ 25. Classrooms are fully and appropriately equipped, including blackboards, bulletin boards, TV/VCR, computers, desks, chairs, tables, etc.

\_\_\_\_ 26. Appropriate, current instructional materials and textbooks are on site.

\_\_\_\_ 27. Instructional materials are of varied levels and subjects to meet the needs of a diverse population.

\_\_\_\_ 28. There is an adequate variety of educational supplies for staff and students.

\_\_\_\_ 29. There is a library/media area with a minimum "start-up" selection of materials for all reading levels, interests, genders and cultural backgrounds.

\_\_\_\_ 30. Vocational classrooms have the required tools and equipment for course instruction and the tools are appropriately secured.

\_\_\_\_ 31. If a start-up budget is included in the contract specifying certain equipment, such equipment is in place.

\_\_\_\_ 32. There is a requisition system for receiving needed materials within a reasonable time frame.

## Health Services

Name of Facility: T. Academy

Reviewer: Linda Friermor

Date(s) of Review: Initial Review 12/11/03

Follow-up Review \_\_\_\_\_

### References:

Health Services Manual: April 1998

Florida Statutes: Chapters 458 and 459

RFP, Proposal, Contract:

(Mark C for Compliance, PC for Partial Compliance, NC for Non-Compliance or NA for Not Applicable. NOTE: PC and NC require written comments.)

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C 1. **By written agreement there is a designated health authority who is licensed pursuant to F.S. Chapter 458 or F.S. Chapter 459.**

**Written agreement pending. Agreement signed.**

2. There is a provision for the following mandatory healthcare components at the facility as defined in the DJJ Health Services Manual:

- C A. Routine screenings and evaluations
- C B. Periodic evaluations and on-going treatment
- C C. Episodic care
- C D. Sick call care
- C E. Medication management systems
- C F. Infection control measures
- C G. Health education
- C H. Transitional healthcare planning

- NC 3. The following staff positions are employed/contracted according to the RFP, proposal, and contract: **Pending**

	Required FTE	Actual FTE
MD/DO		
P.A.		
ARNP		
RN	2	0
LPN	1.5	0
Dentist		
Clerical		
Other:		

- C 4. **All healthcare professionals have the appropriate, current licensure and/or certifications.** **Pending. All provided at 2/6/04 meeting**

- NC 5. All health care sub-contracts have been submitted to DJJ for review and approval. **Pending**

- C 6. There is a system in place for a Facility Entry Physical Health Screening to be completed upon intake.

- C 7. There is a provision for a comprehensive physical assessment within the required time frame if there is no previous comprehensive assessment or no immediate medical concerns.

- NC 8. There are sufficient supplies of the standardized DJJ Comprehensive Physical Assessment forms and all other standardized forms on hand. **No supply of forms on hand**

- PC 9. There is a system for a two-tiered tuberculosis evaluation, including an initial symptom screening and a tuberculosis exposure screening by skin testing. **Policy needs to include tuberculosis.**

- C 10. All youth will be screened for sexually transmitted diseases, including a confidential interview, a clinical assessment for youth in a high risk status, and treatment as clinically indicated.



C 11. ***There is a system in place for obtaining youths' immunization records and for providing the required immunizations.***

C 12. There is a provision for vision and hearing screening to be conducted by medical/nursing staff as part of the comprehensive physical assessment.

13. The following on-site tracking logs are in place:

C A. Sick call complaints

C B. Episodic care

PC C. Tuberculosis screening tests and results. **Not mentioned in policy**

C D. Over-the-Counter medication administration

C 14. For facilities with over 50 youth, regularly scheduled sick call hours are scheduled five times weekly.

C 15. There is a procedure for advising youth both verbally and in writing during orientation of the availability and methods to access sick call and the times of the regularly scheduled sick calls.

C 16. There are written sick call procedures for common complaints that have been approved by the designated health authority.

C 17. ***There is a provision for 24 hour a day emergency medical and dental care including written agreements for the provision of emergency off-site care and for independent service providers and youth are to be so advised during orientation.***

Pending. Still outstanding. No signed agreement as  
2/24/04 Signed agreement provided 3/22/04

NC 18. There is an emergency list of phone and beeper numbers, as well as the poison information center, posted for ready access to all staff. **Not mentioned in policy**

C 19. There is a plan for emergency drills on each shift to be conducted at least quarterly.

C 20. There is a provision for emergency medical services (EMS) transfer/transport of youth, if needed.

C 21. First aid kits are located appropriately throughout the facility, have the proper contents, and are scheduled for regular restocking.

\_\_C\_\_ 22. There is a procedure for verification of prescribed medications brought to the facility with the youth on admission and for disposition of medications which cannot be verified.

C 23. ***There is a system in place for documenting administration of medications, both prescription and non-prescription, including times and locations and accurate accounting and inventory procedures.***

C 24. ***There is a provision for safe and secure storage of medications with special precautions (double locked) for controlled substances.***

\_\_C\_\_ 25. The medication area has limited access and is further secured by appropriate key control (see also "Security" items 19 and 20).

\_\_C\_\_ 26. There are no bulk or "non-patient specific" inventories of any prescription medications, except as authorized in the DJJ Health Services Manual or as granted by exception (in writing) or licensure.

C 27. ***There is a medical alert system which will contain a roster of youths' names who have or may have a high risk condition (allergies, infectious disease, diabetes, asthma, etc.) (see also "Security items 6 and 7)."***

\_\_C\_\_ 28. A system for meeting informed consent requirements according to the Health Services Manual has been established, including certified mail for psychotropic medications.

\_\_C\_\_ 29. Sufficient individual healthcare files have been assembled, according to the Health Services Manual, for initial admissions that are not intrasystem transfers.

C 30. ***Appropriate locked storage, marked "confidential", is provided for the individual healthcare records.*** 'Locked storage' missing from policy. Policy now includes locked file cabinet.

\_\_C\_\_ 31. There is a plan for age appropriate, gender specific health education/prevention programs, including AIDS, diet, exercise, responsible sexual behavior, parenting skills, etc.

\_\_C\_\_ 32. There is a mechanism in place for confidential HIV testing that ensures appropriate counseling, confirmatory tests and medical follow-up as indicated.

\_\_C\_\_ 33. There is a system for the management of infectious, communicable diseases that provides for screening, prevention, containment, and treatment when needed.

C 34. ***The program has a specific facility exposure control plan in compliance with the OSHA standard related to blood borne pathogens.***

- \_C\_ 35. There is a plan for the health care provider to assure the availability of Hepatitis B immunization at no cost to employees at the facility.
- \_C\_ 36. The facility has a procedure for the effective and safe identification, treatment and containment of pediculosis (lice) and/or mites (scabies).
- \_C\_ 37. *There is adequate equipment, supplies and materials to begin receiving and providing health care for youth.* There are no supplies on site; Supplies on site 2/24/04
- 
- \_C\_ 38. *There is a refrigerator for the storage of medications requiring same. (Note: this refrigerator should not be utilized for the storage of foodstuffs.)*
- \_PC\_ 39. There is a provision for dental care, including dental hygiene service and dental treatment, not limited to extractions. **Pending**
- \_C (?) 40. There is a policy outlining health services involvement in use of force, mechanical restraints, and placement in precautionary observation, secure observation, confinement, etc.
- \_NA\_ 41. There is a procedure for all youth in restricted housing to be questioned daily about any health related complaints.
- \_NA\_ 42. There is a procedure for gynecological examination, including a papanicolaou (PAP) smear, to be included for all sexually active females.
- \_NA\_ 43. Pregnancy testing is available at the youth's request or when otherwise clinically indicated.
- \_NA\_ 44. Procedure requires prenatal care for pregnant youth to begin as early as possible in the pregnancy, according to the Health Services Manual.
- \_NA\_ 45. There is a procedure requiring pregnant youth to have a documented offering of an HIV test.
- \_C\_ 46. There is a procedure for collection of data on a monthly basis for compilation of the DJJ Monthly Health Statistical Report and other required reports.

## Mental Health Services

Name of Facility: T. Academy

Reviewer: Gayle Popelka

Date(s) of Review: Initial Review 12/11/03

Follow-up Review \_\_\_\_\_

References:

DJJ Mental Health and Substance Abuse Services Manual, May 1998

Florida Statutes: Sections 490.0145, 491.0144

RFP, Proposal, Contract:

(Mark C for Compliance, PC for Partial Compliance, NC for Non-Compliance or NA for Not Applicable. NOTE: PC and NC require written comments.)

- C 1. *In facilities with an operating capacity of 100 or more youth, there is a designated Mental Health Authority, who is a licensed mental health professional, to ensure coordination and implementation of mental health services.*

Pending. Mr. Kenneth Barker signed on as the authority.

- \_\_\_\_\_ 2. The following staff positions are employed/contracted according to the RFP, proposal, and contract:

Position	Required FTE	Actual FTE
Psychiatrist – Licensed under Ch. 458 or 459, FS		
Psychologist (Ph.D.) - Licensed under Ch. 490, FS		
Mental Health Counselor, Clinical Social Worker, or Marriage & Family Therapist - Licensed under Ch. 491, FS		

Psychiatric Nurse - Licensed under Sec. 394.455 (23), FS		
Other:		

- \_\_\_\_\_ 3. All mental health staff are licensed mental health professionals or there is a plan for direct supervision as defined in the Mental Health Services Manual.
- \_\_\_\_\_ 4. There is a procedure for mental health screening through the residential intake mental health and substance abuse screening process for youth upon entry into the facility.
- \_\_\_\_\_ 5. Procedure states that youth who are identified through the screening process will be referred to a qualified mental health professional for a comprehensive mental health evaluation.
- \_\_\_\_\_ 6. The suicide plan specifies that any youth who is identified through the screening or evaluation process as a potential suicide risk be placed on constant supervision (sight and sound supervision) or one-to-one supervision as described in the Mental Health and Substance Abuse Services Manual.
- \_\_\_\_\_ 7. There is a provision for youth requiring mental health treatment to receive on-going mental health treatment from a qualified mental health professional according to an individualized treatment plan.
- \_\_\_\_\_ 8. Appropriate forms (intake screening, evaluation, suicide screening, etc.) and assessment instruments are available at the facility for the implementation of the mental health program.
- \_\_\_\_\_ 9. There is a crisis intervention plan detailing intervention procedures as outlined in the Mental Health and Substance Abuse Services Manual.
- \_\_\_\_\_ 10. There is a written plan outlining emergency response procedures for mental health emergencies, including transport arrangements with the designated law enforcement agency.
- \_\_\_\_\_ 11. There is a written suicide prevention program that is approved by a qualified mental health professional, and staff are trained in the implementation of the program.
- \_\_\_\_\_ 12. Appropriate locations for both precautionary and secure observation for suicide risk youth have been identified.
- \_\_\_\_\_ 13. Specific procedures, forms and logs are in place for the use of

precautionary and secure observation, including supervision requirements and monitoring.

\_\_\_\_\_ 14. A mental health alert system is in place to promote staff vigilance in protecting youth and others.

\_\_\_\_\_ 15. There is a procedure to ensure that psychotropic medication is only utilized as one component of an individualized mental health treatment plan which includes professional counseling, and that there are adequate monitoring procedures in place.

\_\_\_\_\_ 16. Informed consent procedures, and the required forms are in place for mental health interventions and psychopharmacological therapy as outlined in the Mental Health and Substance Abuse Services Manual and the Health Services Manual.

\_\_\_\_\_ 17. There is a procedure for assigning youth a diagnosis according to the DSM IV diagnostic system developed by the American Psychiatric Association.

\_\_\_\_\_ 18. If the vendor has been contracted to provide sex offender therapy, there is a licensed mental health professional who as of October 1, 2000, meets the qualifications to practice as a Juvenile Sex Offender Therapist (490.0145 or 491.0144, F.S.)

\_\_\_\_\_ 19. There is a procedure for the completion of the required quarterly "Mental Health and Substance Abuse Services Statistical Report."

## Substance Abuse Services

Name of Facility: T. Academy

Reviewer: Gayle Popelka

Date(s) of Review: Initial Review 12/11/03

Follow-up Review \_\_\_\_\_

### References:

Mental Health and Substance Abuse Services Manual, May 1998

Florida Statutes: Chapter 397

RFP, Proposal, Contract:

(Mark C for Compliance, PC for Partial Compliance, NC for Non-Compliance or NA for Not Applicable. NOTE: PC and NC require written comments.)

1. Substance abuse services include: NC Pending

\_\_\_\_\_ A. Screening

\_\_\_\_\_ B. Comprehensive substance abuse evaluation

\_\_\_\_\_ C. Substance abuse treatment

\_\_\_\_\_ D. Emergency substance abuse services

\_\_\_\_\_ 2. The following staff positions are employed/contracted according to the RFP, Proposal and Contract:

Position	Required FTE	Actual FTE
S.A. Supervisor		
S.A. Counselor		
Clerical		
Other		

\_\_\_\_\_ 3. Substance abuse services are to be provided by a "licensed service provider" under Chapter 397 FS with substance abuse staff who are "qualified professionals" as defined in Chapter 397.

\_\_\_\_\_ 4. Unlicensed substance abuse professionals have a minimum of a Bachelor's

degree with a major in psychology, social work, counseling or related human services field, and there is a copy of the diploma and transcript on file.

- \_\_\_\_\_ 5. There is a procedure for the administration of residential intake mental health and substance abuse screening for youth upon entry to the facility and a procedure for referral as needed.
- \_\_\_\_\_ 6. A procedure is in place for a comprehensive substance abuse evaluation by a qualified professional for youth requiring further evaluation.

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- \_\_\_\_\_ 7. This evaluation is scheduled to be conducted within 24 to 48 hours of referral.
- \_\_\_\_\_ 8. There are standardized instruments on site for conducting substance abuse evaluations.
- \_\_\_\_\_ 9. There is a provision for youth requiring substance abuse treatment to receive on-going treatment according to an individualized treatment plan.
- \_\_\_\_\_ 10. The program plan provides for individual, group and/or family therapy as necessary and appropriate.
- \_\_\_\_\_ 11. There is a procedure requiring a substance abuse treatment file for every youth receiving treatment.
- \_\_\_\_\_ 12. The program plan calls for a pre-release relapse prevention and aftercare discharge planning component.



## Other Youth Programs

Name of Facility: T. Academy

Reviewer: Dennis Yeskey

Date(s) of Review: Initial Review 12/11/03

Follow-up Review \_\_\_\_\_

### References:

Residential Commitment Services Manual:

Ch. 3, Section IV, L

Ch. 8

Ch. 9

DJJ Policy: DJJ 3.17 - Utilization of Volunteers and Interns

ACA Standards: 3-JTS-5F-01 through 06  
3-JTS-5G-01 through 08

RFP, Proposal, Contract:

(Mark C for Compliance, PC for Partial Compliance, NC for Non-Compliance or NA for Not Applicable. NOTE: PC and NC require written comments.)

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### Religion

C 1. Procedure ensures that all youth are provided the opportunity to express their religious beliefs.

PC 2. A qualified staff person has been designated to coordinate the religious program. **Person not identified in policy**

C 3. A procedure is in place to identify each youth's religious beliefs and practices so that these can be accommodated.

C 4. Space and equipment is available for congregate worship services, individual and group counseling, religious studies and chaplaincy offices.

C 5. Procedure allows youth to participate in religious services and counseling on a voluntary basis.

C 6. Procedure allows youth to receive visits from representatives of their respective faiths.

C 7. Procedure allows youth to participate in practices of their faith deemed essential by the faith's judicatory body including special food or meals unless there is a documented threat to safety or security.

### Physical Fitness / Recreation

NC 8. The facility has prepared a written "Physical Fitness and Recreation Plan" which is designed for all ages, abilities and types of youth. **No written plan provided at pre-op**

NC 9. The plan mandates that youth have the opportunity to participate in a minimum of two hours of daily recreational activities at least one hour of which allows for large muscle physical exercise. **See 8**

NC 10. The daily activity schedule for youth reflects that adequate time is set aside for this activity. **No activity schedule provided**

C 11. A qualified staff person has been designated to plan and supervise the recreation program.

C 12. Space and facilities are available for physical exercise and recreation activities.

NC 13. Ample recreational equipment and supplies are on hand for the implementation of the program. **No equipment on site**

C 14. Procedure requires that all youth must participate in the physical fitness and recreation program unless prohibited by medical restrictions or disciplinary confinement.

NA 15. Procedure mandates that youth in disciplinary confinement are allowed at least one hour of large muscle physical exercise daily.

PC 16. There are books and other library materials available for youth during non-library hours. **Policy ok; Education pending**

PC 17. The library materials reflect the different reading levels, languages, special interests, and ethnicities of the youth. **See 16**

### Life/Social Skills Training

PC 18. There is a structured curriculum for life skills instruction that includes such subjects as impulse control, problem solving, organization and time management.

**No curriculum provided at pre-op**

NC 19. There is a plan for providing social skills training on interpersonal issues such as effective communication, self-esteem, parenting, etc. **No plan provided at pre-op**

- PC 20. Staff responsible for the life and social skills training have been trained by individuals with expertise in the area. **Staff or position not identified**
- PC 21. Direct care staff have been trained in assisting youth in the development of socialization and problem solving skills. **Is this part of training plan?**
- NC 22. There is a standardized instrument for pre-testing and post-testing youth to determine improvement in life and social skills. **No tests identified: Education pending**
- NC 23. There is a component on employability skills and independent living skills including subjects such as interviewing, money management, etc. **Education pending**
- C 24. Staff have been trained in the awareness of gender and cultural diversity/sensitivity.
- NC 25. There is a plan for including youth with physical or developmental disabilities in life skills training. **No plan provided at pre-op**

### **Volunteer Program**

- PC 26. A staff member has been designated in writing as "Volunteer Liaison."  
**Which position title is designated?**
- C 27. A facility policy has been adopted which defines regular volunteers, occasional volunteers, interns, practicum students and volunteer groups.
- NC 28. Job descriptions have been written for volunteers and interns. **No written job descriptions provided at pre-op**
- C 29. A plan has been outlined for recruitment of volunteers.
- NC 30. A supply of application and agreement forms for volunteers/interns as well as Volunteer Handbooks are on hand. **Nothing on site**
- NC 31. The facility operating procedure provides that all volunteers/interns are subject to background screening procedures. **Could not locate the policy**
- C 32. An Orientation and Training program has been prepared following DJJ's standardized program requirements.
- NC 33. Facility procedure provides that ID cards be issued to all approved regular volunteers/interns. **Could not locate policy**
- NC 34. A system of issuing "Visitor" ID cards to occasional volunteers has been established. **See 33**

## Visitation, Mail and Telephone

Name of Facility: T. Academy

Reviewer: Jerry Blanton

Date(s) of Review: Initial Review 12/11/03

Follow-up Review \_\_\_\_\_

References:

Residential Commitment Services Manual:

Ch. 4, Section VII

Ch. 8

RFP, Proposal, Contract:

(Mark C for Compliance, PC for Partial Compliance, NC for Non-Compliance or NA for Not Applicable. NOTE: PC and NC require written comments.)

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### Visitation

1. The facility has published a Visitation Plan, which includes as a minimum the following:

- C A. Approved visitors
  - C B. Supervision during visitation
  - C C. Designated visitation days and hours
  - C D. Designated visitation areas
  - C E. The number of visitors permitted
  - C F. Safety of youth, staff, and visitors
  - C G. Controlling the introduction of contraband
  - C H. Written rules of visitation
- C 2. A Visitation Schedule has been posted outside the facility.
- C 3. Written rules of visiting are posted at the visitor entrance and copies are available for visitors.
- C 4. Each youth has an approved Visitors List following guidelines established by DJJ policy.

\_\_C\_\_ 5. A sign is posted at the visitor entrance advising that visitors are subject to search and that possession of contraband could be subject to legal action.

\_\_C\_\_ 6. **Hand-held or walk-through metal detectors are available and are in working order.**

\_\_C\_\_ 7. Lockers are available for visitors to store personal items in, or in the alternative they are advised to leave such items in their vehicle.

\_\_PC\_\_ 8. A Visitor Log is available for all visitors to sign in or out of the facility indicating the time and date of entry and exit. **No mention of facility log**

\_\_C\_\_ 9. The designated visiting areas is of adequate size to accommodate the anticipated number of youth and visitors.

\_\_C\_\_ 11. Restroom facilities are available for youth and visitors.

### **Mail and Telephone**

\_\_C\_\_ 12. An F.O.P. has been published mandating that at least two free stamps as well as writing materials are provided each week to youth who want to mail correspondence.

\_\_C\_\_ 13. The procedure states that youth may receive incoming emergency telephone calls, as well as calls from their J.P.O. and attorney of record.

\_\_C\_\_ 14. Procedure permits youth to make outgoing calls to their J.P.O. and attorney.

\_\_C\_\_ 15. Procedure specifies how and when outgoing phone calls may be made to family members and other persons.  
(Note: This may be based upon the Behavior Management privilege system.)

\_\_C\_\_ 16. Procedures assure that upon admission, youth are given information in writing concerning visiting, mail and telephone usage.

\_\_C\_\_ 17. Procedures assure that after admission of a youth, parents or guardian are advised in writing concerning visits, mail and telephone calls.

## Safety

Name of Facility: Thompson Academy\_\_\_\_\_  
Feldman\_\_\_\_\_

Reviewer: Diane

Date(s) of Review: Initial Review \_12/11/03\_\_\_\_\_ Follow-up Review \_\_\_\_\_

### References:

Residential Commitment Services Manual:  
CH. 3, Section IV

RFP, Proposal, Contract:

(Mark C for Compliance, PC for Partial Compliance, NC for Non-Compliance or NA for Not Applicable. NOTE: PC and NC require written comments.)

C 1. A program safety coordinator has been designated in writing.

2. An F.O.P. has been published mandating regular inspections of the following safety systems and timely repair of such as needed:

NC A. Emergency exits

C B. Fire alarms/smoke detectors

NC C. Standby lighting

C D. Fire fighting apparatus

C 3. **Inspection of the above listed safety systems indicates that all systems are operating correctly.**

**Note Exceptions:** \_\_\_\_\_  
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NC 4. **Fire protection service has been arranged with a nearby fire department(s).**

C 5. An F.O.P. establishes a procedure for conducting monthly fire drills and

recording the results.

\_C\_ 6. Emergency exit keys have been notched for ready identification in case of fire.

\_C\_ 7. Directions to and the locations of exits are posted.

\_NC\_ 8. All staff have been trained on accident prevention and safety.

**C 9. Youth rooms, showers, bathrooms or other living areas, do not contain metal hooks or other protrusions or devices which could be used for suicide purposes.**

**PC 10. Written procedure governs the control and use of all flammable, toxic and caustic materials.**

Procedure does not include procedure for disposing of hazardous chemicals.

**C 11. Written procedures require that all flammable, toxic and caustic materials are stored in secure areas that are inaccessible to youth.**

**C 12. There is a procedure for accounting for the distribution of flammable, toxic and caustic materials.**

**NC 13. Procedure prohibits any youth from possessing flammable, toxic or caustic materials unless under the close supervision of qualified staff.**

No provision in policy.

## Physical Plant and Maintenance

Name of Facility: T. Academy

Reviewer: Jerry Blanton

Date(s) of Review: Initial Review 12/11/03

Follow-up Review \_\_\_\_\_

References:

Residential Commitment Services Manual:  
Ch. 3, Section IV, D, E, F

RFP, Proposal, Contract:

(Mark C for Compliance, PC for Partial Compliance, NC for Non-Compliance or NA for Not Applicable. NOTE: PC and NC require written comments.)

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NC 1. **The "Certificate of Occupancy" for the physical facility has been issued and posted and the facility construction has been completed.**  
**No Signed Document**

2. A preventive maintenance system is in place to ensure proper maintenance and repair of the facility which includes:

C A. A schedule of preventive maintenance

C B. Routine inspections of the facility and fixtures

PC C. A mechanism for staff to report physical plant deficiencies **Policy not clear**

PC D. Performance of repairs on a timely basis. **Same as C**

NC 3. An F.O.P. has been published establishing responsibility for janitorial services for all areas of the facility including cleaning schedules. **No signed contract**

NC 4. A professional pest control company is under contract to provide routine treatments to control vermin and insects. **Same as 3**

NC 5. Signs showing the location of the facility and identifying the facility as part of the Department of Juvenile Justice have been erected. Not as of pre-op

C 6. If both males and females are to be housed in this facility, visual contact between the groups is restricted.



[illegible]

Note Exceptions:     **Same as 7**

## Food Service

Name of Facility: T. Academy

Reviewer: Jerry Blanton

Date(s) of Review: Initial Review 12/11/03

Follow-up Review \_\_\_\_\_

References:

Residential Commitment Services Manual:  
Ch. 3, Section IV, G

Florida Administrative Code: Ch. 64E-11 Food Hygiene

RFP, Proposal, Contract:

(Mark C for Compliance, PC for Partial Compliance, NC for Non-Compliance or NA for Not Applicable. NOTE: PC and NC require written comments.)

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NC      **This entire area is pending**

- \_\_\_\_\_ 1. A "Food Service Manager" who is responsible for the storage, preparation, display and serving of food has been designated in writing.
- \_\_\_\_\_ 2. The "Food Service Manager" has passed a written certification test approved by the Department of Health within 90 days of employment, as required by Section 64E-11.012, F.A.C.
- \_\_\_\_\_ 3. The food service department is staffed by a sufficient number of trained and experienced food service personnel.
- \_\_\_\_\_ 4. The menu provides for serving three meals per day plus a snack in the evening.
- \_\_\_\_\_ 5. The menu has been reviewed and approved by a registered dietician, nutritionist or physician to ensure that it is nutritionally balanced and that it meets required daily allowance.
- \_\_\_\_\_ 6. An F.O.P. has been published which assures that food is prepared and served in a manner that meets established health and safety codes.
- \_\_\_\_\_ 7. There is a procedure requiring that meals provided to staff are the same as those provided to youth.
- \_\_\_\_\_ 8. If procedure requires staff to pay for meals, a system is in place to collect and account for these funds.

- \_\_\_\_ 9. There is a procedure for providing special diets to youth as prescribed by appropriate health authorities.
- \_\_\_\_ 10. There is a procedure for posting the names of youth who have food allergies.
- \_\_\_\_ 11. There is a procedure requiring special diets to be provided as appropriate in order to allow youth to adhere to their religious beliefs.
- \_\_\_\_ 12. There is a procedure mandating that the use or withholding of food may not be used as a disciplinary measure.

**13. All kitchen fixtures have been installed and are operational including:**

- \_\_\_\_ **A. Stoves**
- \_\_\_\_ **B. Ovens**
- \_\_\_\_ **C. Cook-pots**
- \_\_\_\_ **D. Grills**
- \_\_\_\_ **E. Serving lines**
- \_\_\_\_ **F. Dishwashers**
- \_\_\_\_ **G. Sinks**
- \_\_\_\_ **H. Hoods**
- \_\_\_\_ **I. Air curtains, etc.**
- \_\_\_\_ **J. Water heaters**
- \_\_\_\_ **K. Grease traps**

- \_\_\_\_ **14. An adequate supply of trays, pots and pans, racks, utensils and other equipment is present to assure that the kitchen/dining room is fully functional.**
- \_\_\_\_ **15. Adequate freezer, cooler and dry storage space is available.**
- \_\_\_\_ **16. Required freezer and cooler temperatures are maintained.**
- \_\_\_\_ 17. A procedure is in effect to ensure control of yeast and other pilferable food

items.

\_\_\_\_\_ **18. Adequate food and expendable supplies are in stock or on order so as to ensure that the food service department can begin operations.**

\_\_\_\_\_ 19. A procedure is in effect requiring that a thirty (30) day supply of staple items is maintained on hand for emergency purposes.

\_\_\_\_\_ 20. A system for providing control and accountability of knives, tools, and utensils is in place.

\_\_\_\_\_ **21. A secure storage cabinet is available for knives or other items which can be used as weapons.**

\_\_\_\_\_ 22. A facility operating procedure itemizes safety standards and rules and requires that these are posted and enforced.

\_\_\_\_\_ **23. Fire extinguishers and other fire safety equipment is available and is operable.**

\_\_\_\_\_ 24. Sanitary standards in the food service area conform to food hygiene rules of the Department of Health and include the following:

\_\_\_\_\_ A. Personal hygiene standards for workers

\_\_\_\_\_ B. Regular inspections

\_\_\_\_\_ C. Temperature checks of dishwashing machine, refrigeration equipment, and all hot and cold food items.

\_\_\_\_\_ 25. Inspection of the food service department indicates that all areas are clean and free of insects or other vermin.

Note Exceptions: \_\_\_\_\_

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